

ENTRON SECURITY SERVICES

Daily Security Report

Client No.	Client Name			Location	Date				
2036	<i>Q H</i>	MATERIALS		1002 OSWEBOS	+ UTICA NY 6-13-88				
Facility Detex Clock Weapon No.	Holster	Nightstick Raiacoat F	Flashlight	Other 1 GATE KEY	120G 1300K				
Officers: Fully explain all items marked "Yes" with tin and all detail. For additional space use rever side and attach incident reports.	officer—Day Sh		Office Swing Sh	in (Name)	Officer Grave Shift (Name) Shift Shift				
	Began & ',0	MANA OC. H BENE MELAR C	Began	AM-EM Enged ZM-PA	began / 2 AM-PM Ended & AM-PM				
Observations or actions taken	Yes No	Explanation	Yes No	Explanation	Yes No Explanation				
Rounds or stations missed	\ \ \ \ \ \		4						
Unlocked doors, gates or windows	V								
Unlocked vaults or safes	L		V						
Fire-smoke-or hazards	V		1						
Extinguishers missing or defective	L		V	Managements (Anthority and Anthority (Inspects) (Inspects) (Anthority (An	1				
2. Sprinkler system defective	V		سن		4				
3. Fire doors or exits blocked	V		V		1- BAY LICHTS				
4. Rubbish accumulation	V		<u></u>	,	4 out 0550				
5. Motors running	, V		~	_					
6. Lights left burning	ν		1	AS NEEDED					
Injury hazards	V	,	V						
Visitors	V	MOKKERS FOU OHN A FOOIL DET	. 1	u /)	4				
Trespassing	t	SEE SITE KNIWY SHEET		ENTRY SITE Shoel	+ 4				
Violation of company rules	V		~		4				
Remarks		·							
IMPORTANT: If you were ill or injur	ed please explain on	the reverse side of this form and call your su							
1. Were you injured during this tour?	Married will be seen a succession of the second of the sec	Day Shift 1. 2 Yes No Yes	3. Swing S No Yes	Shift 1 2. Yes No Yes No	3 Grave Shift 1. Yes No Yes No Yes No				
2. Did you suffer any illness?		Yes Yes No Yes	No Yes	No Yes No Yes No	Yes No Yes No				
3. Have you reported all accidents comi	ng to your attention?	Yes No Yes No Yes	No res	No Yes No Yes No	Yes No Yes No Yes No				
at Such. 06:45	Signatures	Day Shith Ben & mense	Swing S	nanto Jalik	Grave Shirt Juck Mokozski				
	Signatures	\$ 2.	2		2.				
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2036 OH MATERIALS							1	1002 USWE GO ST UTICANY 6-13-						
Facility Detex Clock Weapon No.	Ho!s	ster	Nightstick	Raracoat Fla	ashlight /		Other	Ate M	(EV			13001		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Day Shift	0 11:3			Swing Sh	th (Name)	(Name)			Grave Shift		Hokozki		
Observations or actions taken	Began Yes	No	Explanatio		Began Yes	No		Explanation		Yes	No I	CAMPAN	Explanation	ANT-PINI
Rounds or stations missed		\		W.		0		· · · · · · · · · · · · · · · · · · ·			1			
Unlocked doors, gates or windows		X.E		7 0		~					1		-	
Unlocked vaults or safes	0	15.2		3		~	5		, l	ĺ	, _			
Fire-smoke-or hazards		V	1			~	тейностина и пот постояння в том обще умуще в вуд щ т	el e e e e e e e e e e e e e e e e e e			1		·	
Extinguishers missing or defective		ト			ļ	V					4			
2. Sprinkler system defective		$V \mid$									4			
3. Fire doors or exits blocked		V	-, 7-,			U					1	13A V	410H	+5
4. Rubbish accumulation		V		•		<u></u>	·		,		4	100	vt 05	50
5. Motors running .	1	V		·.		~								
6. Lights left burning		$\boldsymbol{\nu}$	*		1		A5 1	EENE	1			•		
Injury hazards	1	L				~		and the same		,	/			
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Trespassing	1	k .	ZEE Y ILF EVIL	ry sheet	<u> </u>	<u></u>	ENTRY	SITE	Sheet		4			
Violation of company rules		レ			<u> </u>	v			7		4			
Remarks														
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IMPORTANT: If you were ill or injured ple	ease explai			n and call your sup	ervisor									•.
1. Were you injured during this tour?		1	Day Shift 1. Yes Yes Yes	No Yes	No	3. Swing S Yes	No Yes	No 2	Yes No	3 Grav Yes	re Shift No	1. Yes	2. No Yes	3. No
2. Did you suffer any illness?			les Yes	No Yes	No .	Yes	Ng) Yes	No	Yes No	Yes	NO	Yes	No Yes	No
3. Have you reported all accidents coming to y	our attention	on?	es No Yes	No Yes	No	Tejs .	No Yes	No ,	Yes No	Yes) No	Yes	No Yes	, No
at Bud. 06:45	Sign	natures	Day Shift Ben J	munda		Swing S	narto		Ill	- 1	ve Shirt	ckH	okoze	ki
1.	Sigr	natures :	2	•		2	<u> </u>	-		2.			$\overline{}$	
	Sign	natures				3				3.				